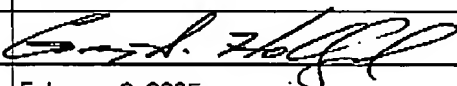


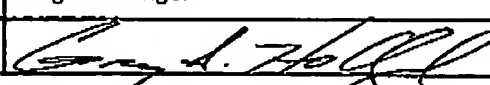
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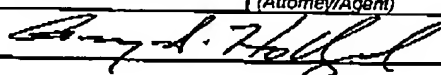
FEB 03 2005

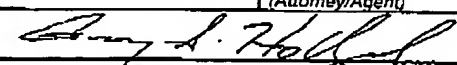
| | | | |
|----------------------------------------------------------------------------------------------------|----------------------|------------------------|--------------------|
| TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | Application Number | 10/731,973 | |
| | Filing Date | December 9, 2003 | |
| | First Named Inventor | First | |
| | Group Art Unit | 1645 | |
| | Examiner Name | Tongue | |
| Total Number of Pages in This Submission | 28 | Attorney Docket Number | 17637 (BOT); D3187 |

| ENCLOSURES (check all that apply) | | |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form <small>(in duplicate)</small> | <input type="checkbox"/> Assignment Papers <small>(for an Application)</small> | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group <small>(Appeal Notice, Brief, Reply Brief)</small> |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) <small>(please identify below)</small> |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--------------------------------------------|-------------------------------------------------------------------------------------|
| Firm or Individual Name | Greg S. Hollrigel Registration No. 45,374 |
| Signature |  |
| Date | February 3, 2005 |

| CERTIFICATE OF TRANSMISSION/MAILING | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|------|------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO at fax number 703-872-9306, or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Typed or printed name | Greg S. Hollrigel | | |
| Signature |  | Date | February 3, 2005 |

| FEE TRANSMITTAL for FY 2005 | | | | <i>Complete if Known</i> | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------|-----------------------------|-----------------------------|------------------------------------------------------------|
| <i>Patent fees are subject to annual revision.</i> | | | | Application Number | 10/731,973 |
| <input type="checkbox"/> Application claims small entity status. See 37 CFR 1.27 | | | | Filing Date | 12/09/2003 |
| TOTAL AMOUNT OF PAYMENT (\$) 450. | | | | First Named Inventor | ERIC R. FIRST |
| METHOD OF PAYMENT (check all that apply) | | | | Examiner Name | TONGUE, LAKIA J. |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | | | | Art Unit | 1645 |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>21-0890</u> Deposit Account Name <u>GREG S. HOLLRIGEL</u> | | | | Attorney Docket No. | 17637 (D-3187) |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) associated with this communication <input checked="" type="checkbox"/> Credit any overpayments | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | |
| FEE CALCULATION | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | |
| FILING FEES | SEARCH FEES | EXAMINATION FEES | | | |
| <small>Small Entity</small> | <small>Small Entity</small> | <small>Small Entity</small> | <small>Small Entity</small> | <small>Small Entity</small> | <small>Small Entity</small> |
| Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) |
| Application Type | Application Type | Application Type | Application Type | Application Type | Application Type |
| Utility | Utility | Utility | Utility | Utility | Utility |
| Design | Design | Design | Design | Design | Design |
| Plant | Plant | Plant | Plant | Plant | Plant |
| Reissue | Reissue | Reissue | Reissue | Reissue | Reissue |
| Provisional | Provisional | Provisional | Provisional | Provisional | Provisional |
| 300 | 500 | 200 | 200 | 200 | 200 |
| 200 | 100 | 100 | 50 | 130 | 65 |
| 200 | 100 | 300 | 150 | 160 | 80 |
| 300 | 150 | 500 | 250 | 600 | 300 |
| 200 | 100 | 0 | 0 | 0 | 0 |
| Subtotal (1) | | | | | 0 |
| 2. EXCESS CLAIM FEES | | | | | |
| Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple Dependent Claims | | | | | Small Entity Fee (\$) 50 200 360 |
| Total Claims <u>20 or HP =</u> <u>Extra Claims</u> <u>x</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> | | | | | Multiple Dependent Claims Fee (\$) 100 180 |
| HP = highest number of total claims paid for, if greater than 20 Indep. Claims <u>3 or HP =</u> <u>Extra Claims</u> <u>x</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> | | | | | Fee Paid (\$) _____ |
| HP = highest number of independent claims paid for, if greater than 3 | | | | | Subtotal (2) |
| 3. APPLICATION SIZE FEE | | | | | 0 |
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(c). | | | | | |
| Total Sheets <u>Extra</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> | | | | | Subtotal (3) |
| <u>-100 =</u> <u>/50 =</u> (round up to a whole number) <u>x</u> <u>=</u> | | | | | 0 |
| 4. OTHER FEE(S) | | | | | |
| <input type="checkbox"/> Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount) <input type="checkbox"/> Non-English Specification: \$130 fee (no small entity discount) <input type="checkbox"/> 1-month extension of time: \$120 fee (\$60 small entity discount) <input checked="" type="checkbox"/> 2-month extension of time: \$450 fee (\$225 small entity discount) <input type="checkbox"/> 3-month extension of time: \$1020 fee (\$510 small entity discount) <input type="checkbox"/> 4-month extension of time: \$1590 fee (\$795 small entity discount) <input type="checkbox"/> 5-month extension of time: \$2160 fee (\$1080 small entity discount) <input type="checkbox"/> Information Disclosure Statement Fee: \$180 fee (no small entity discount) <input type="checkbox"/> Notice of Appeal: \$500 fee (\$250 small entity discount) <input type="checkbox"/> Filing a Brief in Support of Appeal: \$500 fee (\$250 small entity discount) <input type="checkbox"/> Request for Oral Hearing: \$1000 fee (\$500 small entity discount) <input type="checkbox"/> Utility Issue Fee: \$1400 fee (\$700 small entity discount) <input type="checkbox"/> Recording each patent assignment per property (times number of properties): \$40 fee (no small entity fee discount) <input type="checkbox"/> Request for Continued Examination: \$790 fee (\$395 small entity discount) <input type="checkbox"/> Other: _____ | | | | | Fee Paid (\$) 450.00 |
| Subtotal (4) | | | | | 450.00 |
| SUBMITTED BY | | | | | |
| Name (Print/Type) | GREG S. HOLLRIGEL | Registration No. (Attorney/Agent) | 45,374 | Telephone | 948-450-1750 |
| Signature |  | | | Date | 2/3/05 |

| FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small> | | | | <i>Complete if Known</i> | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------|--------------------------|----------------------------------|-------------------------|
| <input type="checkbox"/> Application claims small entity status. See 37 CFR 1.27 | | | | Application Number | 10/731,973 | |
| | | | | Filing Date | 12/09/2003 | |
| | | | | First Named Inventor | ERIC R. FIRST | |
| | | | | Examiner Name | TONGUE, LAKIA J. | |
| Art Unit | | | | 1645 | | |
| TOTAL AMOUNT OF PAYMENT (\$) | | | | 450. | | |
| Attorney Docket No. | | | | 17637 (D-3187) | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | |
| <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ | | | | | | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>21-0890</u> Deposit Account Name <u>GREG S. HOLLRIGEL</u> | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | | | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) associated with this communication <input checked="" type="checkbox"/> Credit any overpayments | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | |
| FEE CALCULATION | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | |
| | <small>Small Entity</small> | | <small>Small Entity</small> | | <small>Small Entity</small> | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 |
| | Subtotal (1) | | | | | 0 |
| 2. EXCESS CLAIM FEES | | | | | | |
| Fee Description | | | | | <small>Small Entity</small> | <small>Fee (\$)</small> |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | | | | | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | | | | | 200 | 100 |
| Multiple Dependent Claims | | | | | 360 | 180 |
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | Multiple Dependent Claims | |
| -20 or HP = _____ x _____ | | | | | Fee (\$) | |
| HP = highest number of total claims paid for, if greater than 20 | | | | | Fee Paid (\$) | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | Fee Paid (\$) | |
| -3 or HP = _____ x _____ | | | | | Fee Paid (\$) | |
| HP = highest number of independent claims paid for, if greater than 3 | | | | | Fee Paid (\$) | |
| Subtotal (2) | | | | | 0 | |
| 3. APPLICATION SIZE FEE | | | | | | |
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(c). | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | | | Fee (\$) | Fee Paid (\$) |
| -100 = _____ /50= _____ (round up to a whole number) | | | | | | |
| Subtotal (3) | | | | | 0 | |
| 4. OTHER FEE(S) | | | | | | |
| <input type="checkbox"/> Surcharge - Late filing fee or oath/declaration: \$130 fee (\$65 small entity discount) | | | | | | |
| <input type="checkbox"/> Non-English Specification: \$130 fee (no small entity discount) | | | | | | |
| <input type="checkbox"/> 1-month extension of time: \$120 fee (\$60 small entity discount) | | | | | | |
| <input checked="" type="checkbox"/> 2-month extension of time: \$450 fee (\$225 small entity discount) | | | | | | |
| <input type="checkbox"/> 3-month extension of time: \$1020 fee (\$510 small entity discount) | | | | | | |
| <input type="checkbox"/> 4-month extension of time: \$1590 fee (\$795 small entity discount) | | | | | | |
| <input type="checkbox"/> 5-month extension of time: \$2180 fee (\$1090 small entity discount) | | | | | | |
| <input type="checkbox"/> Information Disclosure Statement Fee: \$180 fee (no small entity discount) | | | | | | |
| <input type="checkbox"/> Notice of Appeal: \$500 fee (\$250 small entity discount) | | | | | | |
| <input type="checkbox"/> Filing a Brief in Support of Appeal: \$500 fee (\$250 small entity discount) | | | | | | |
| <input type="checkbox"/> Request for Oral Hearing: \$1000 fee (\$500 small entity discount) | | | | | | |
| <input type="checkbox"/> Utility Issue Fee: \$1400 fee (\$700 small entity discount) | | | | | | |
| <input type="checkbox"/> Recording each patent assignment per property (Times number of properties): \$40 fee (no small entity fee discount) | | | | | | |
| <input type="checkbox"/> Request for Continued Examination: \$780 fee (\$390 small entity discount) | | | | | | |
| <input type="checkbox"/> Other: _____ | | | | | | |
| Subtotal (4) | | | | | 450.00 | |
| SUBMITTED BY | | | | | | |
| Name (Print/Type) | GREG S. HOLLRIGEL | Registration No. (Attorney/Agent) | 45,374 | Telephone | 949-450-1750 | |
| Signature |  | | | Date | 2/3/05 | |

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Appl. No. 10/731,973
Reply to Office Action of September 3, 2004

FEB 03 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/731,973 Confirmation No. 6433
Applicant : FIRST
Filed : December 9, 2003
Title : BOTULINUM TOXIN THERAPY FOR SKIN DISORDERS

TC/A.U. : 1600/1645
Examiner : TONGUE, L.J.

Docket No. : 17637 (BOT)
Customer No. : 33197

CERTIFICATE OF FACSIMILE TRANSMISSION
I hereby certify that this correspondence is being
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Commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450, to fax number 703-872-
9306, on the date indicated below.

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

2/3/05
Carly A. Helf

AMENDMENT AND PETITION FOR A TWO-MONTH EXTENSION OF TIME

Sir:

This response is being submitted in reply to the Office Action of September 3, 2004. A response was due December 3, 2004. Applicant hereby petitions for a two-month extension of time. A response with a two-month extension of time is due February 3, 2005. The Commissioner is hereby authorized to charge the extension of time fee (\$450.00) to Deposit Account No. 21-0890. In response to the Office Action, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 10 of this paper.

Remarks/Arguments begin on page 12 of this paper.